

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO.
477479
APPLICANT(S)

FILING DATE
12/24/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
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35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL NO.						
42							TOTAL OFF.						
43							TOTAL						
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.	19						TOTAL NO.						
TOTAL OFF.	10						TOTAL OFF.						
TOTAL	25						TOTAL						